



Strategic Plan

July 1, 2014 to June 30, 2017

Call 703-324-7000, TTY 711 to request this information in an alternate format.

Foreword

We are pleased to present the **Fairfax-Falls Church Community Services Board's (CSB) FY 2015 – 2017 Strategic Plan**, the roadmap that will effectively guide us towards achieving our mission:

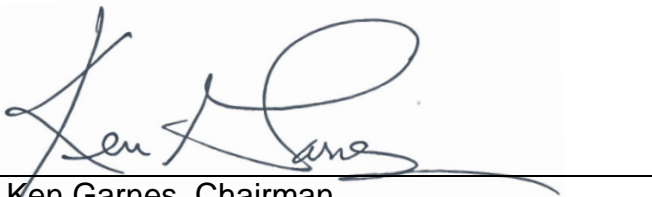
“To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental delay, intellectual disability, serious emotional disturbance (youth), mental illness and/or substance use disorders.”

We remain fully committed to our mission but acknowledge there are challenges ahead which are characterized by increasing community needs and diminishing resources. Legislative changes at the national and state levels add to the complexity of the CSB's challenges. This strategic plan examines these challenges and provides direction for where the CSB is going, the actions needed to get there, and milestones to let us know if we get there successfully.

Our strategic plan was developed using these four principles:

- **Strategic planning is an ongoing process.** This 3 year plan is designed to evolve with the needs of the CSB and those we serve.
- **Strategic planning is future-oriented and proactive.** The plan is flexible and can be adapted as needs change and as new priorities emerge.
- **Evaluation and performance measurement are key to the strategic plan's success.** The plan will be reviewed and evaluated annually and data will be gathered and shared to demonstrate the achievement of our strategic goals.
- **Strategic planning involves broad participation.** Individuals receiving services, families, community members, partners, stakeholders and staff in the planning, development and implementation of the activities, services and supports outlined in this plan.

We look forward to working with our partners to carry out this plan and celebrate our successes along the way.



Ken Garnes, Chairman
Fairfax-Falls Church CSB Board



Len Wales, Acting Director of
Administration/General Manager
Fairfax-Falls Church CSB

Strategic Plan

July 1, 2014 to June 30, 2017

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About Us –The Fairfax-Falls Church Community Services Board ¹

Where We Want to Be – CSB Vision

Everyone in our community has the support needed to live a healthy, fulfilling life.

What We Do – CSB Mission

To provide and coordinate a system of community-based supports for individuals and families of Fairfax County and the cities of Fairfax and Falls Church who are affected by developmental delay, intellectual disability, serious emotional disturbance (youth), mental illness and/or substance use disorders.

What We Believe In – CSB Values

In achieving our mission and vision, we value:

- **Respect for the people we serve.**
Individual dignity and human rights protection are at the center of the CSB service philosophy. Each individual is involved in developing service plans which address his/her needs and preferences. Feedback from service recipients is encouraged to assess program strengths and areas for improvement.
- **Quality in the services we provide.**
The CSB offers a comprehensive menu of preventative and responsive services that meet the needs of individuals who live in the Fairfax County community. Services are provided by qualified professionals using methods proven to achieve positive, measurable outcomes.
- **Accountability in all that we do.**
The CSB recognizes its responsibility to the Fairfax County community by striving to provide services to people with limited resources or complex needs in **an effective and efficient** manner. Policies and procedures are communicated and accessible to all individuals and organizations with whom we work and process improvement is anchored in continuous data review.

Who We Are

The Fairfax-Falls Church Community Services Board (CSB) is the public agency that plans, organizes and provides services for people in our community who have mental illness, substance use disorders, and/or intellectual disability. The CSB also provides early intervention services for infants and toddlers with, or are at risk for, developmental delays.

We are one of 39 Community Services Boards and one Behavioral Health Authority in the Commonwealth of Virginia. State law requires every jurisdiction to have a CSB. We operate as part of Fairfax County government's human services system.

Our staff and contracted service providers include, but are not limited to, psychiatrists, nurses and medical staff, counselors, therapists, case managers and support coordinators, peer specialists, and support and administrative staff. We partner with community organizations, faith communities, businesses, schools and other local government agencies in many ways to provide the services people need, and to be good neighbors in the community.

¹ [About the CSB](#)

Whom We Serve²

Our CSB serves residents of Fairfax County and the cities of Fairfax and Falls Church.

Most CSB services are primarily for people whose conditions seriously impact their daily functioning. However, anyone with a related concern may contact the CSB for help in finding appropriate treatment and resources. (See Appendix B, Guidelines for Assigning Priority Access to CSB Services³)

What Services We Provide⁴

There are two main areas of focus for CSB services:

- **Acute & Therapeutic Treatment Services** – Engagement, Assessment & Referral Services;; Emergency and Crisis Services, Residential Treatment Services, Detoxification Service, Youth & Family Intensive Treatment Services, Youth & Family Outpatient and Day Treatment Services, and Infant and Toddler Connection. .
- **Community Living Treatment & Supports** – Support Coordination Services, Employment & Day Services, Assisted Community Residential Services, Behavioral Health Outpatient & Case Management Services, Supportive Residential Services, Forensic Transition & Intensive Community Treatment Services, and Jail-Based Behavioral Health Services.

Services are provided directly by CSB staff, or provided through contracts with local partner organizations.

Where We Provide Services⁵

Services are provided in a variety of settings throughout the county, including offices, residential settings, and in the community.

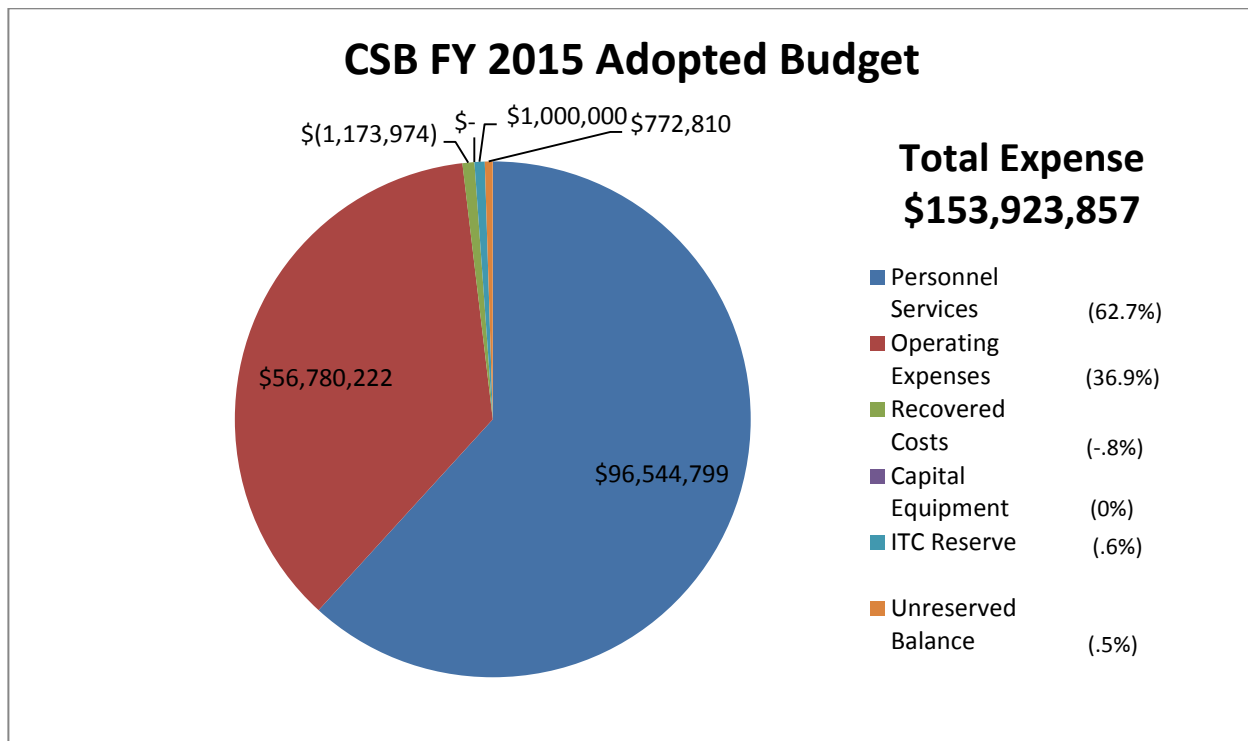
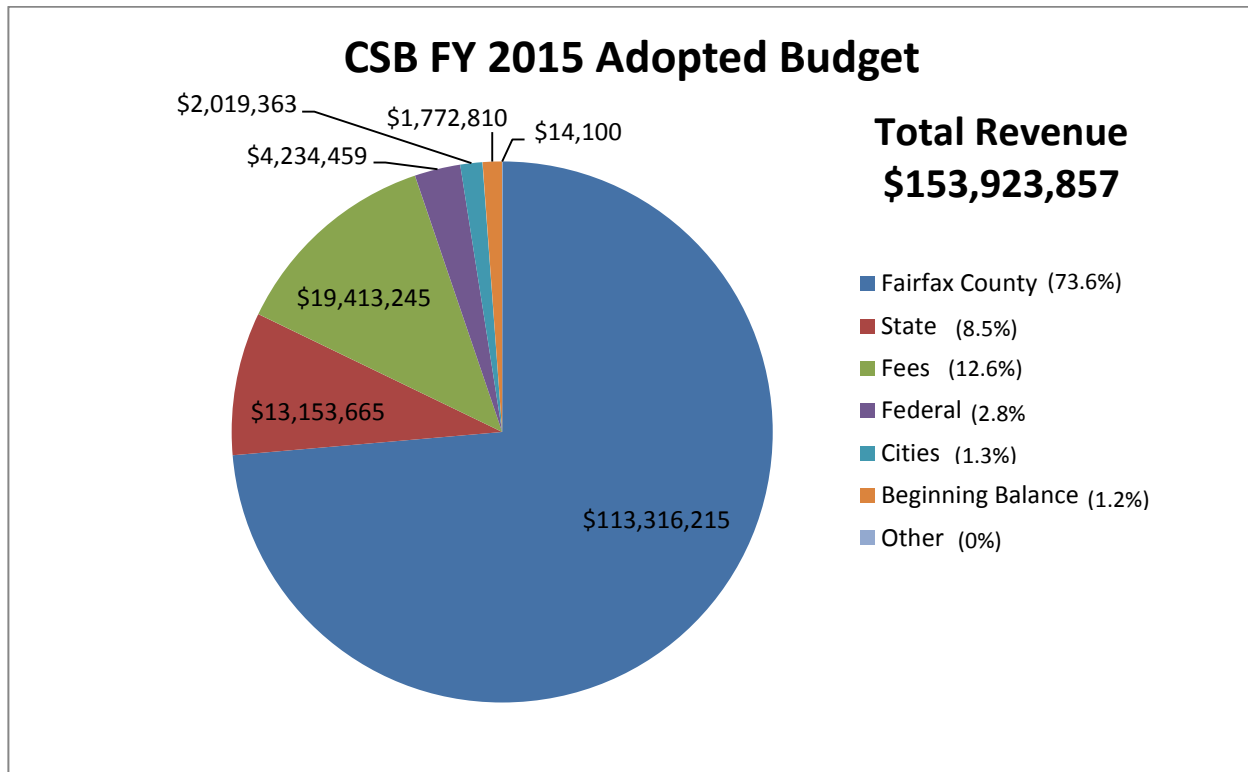
² [Who We Serve](#)

³ [Guidelines for Assigning Priority Access to CSB Services](#)

⁴ [CSB Services](#)
Strategic Plan Appendix C

⁵ [CSB Service Locations](#)

How We Are Funded ⁶



⁶ [CSB FY 2015 Adopted Budget](#)

Getting Where We Want to Go – Goals, Strategies, and Performance Measures

Three goals have been identified:

Goal 1: Our SERVICES support individuals and families to live self-determined and healthy lives.

Goal 2: The WORKFORCE is capable and dedicated to carry out the CSB mission

Goal 3: The CSB is fiscally and operationally sound.

These goals, associated strategies and performance measures described below will help us to meet our vision and mission.

Goal 1: Our SERVICES support individuals and families to live self-determined and healthy lives.

- ***Strategy: Provide or coordinate an array of services leading to the attainment of personal goals/objectives as defined by each individual.***
 - Establish process to define, record, and report standard outcome measures related to meeting individual goals/objectives.
 - Measure: % of CSB program areas achieving their targets for individuals meeting service plan objectives.
- ***Strategy: Increase accessibility to services so individuals and their families receive services when and where needed.***
 - Establish process to track, monitor, and address demand, utilization, and capacity targets.
 - Measure: % of programs meeting standards for access to services.
 - Measure: % of programs operating at capacity.
 - Establish productivity and capacity targets and develop mechanisms to measure progress towards targets.
 - Measure: % of programs meeting identified productivity and capacity.
 - Existence of a process to identify and prioritize service populations, needs, and service gaps to include alignment with County safety net activities.
- ***Strategy: Provide supports and services to promote an individual's access to primary care, housing, and employment.***
 - Establish process to define and measure health care outcomes, stable housing, and employment/day activity.
 - Measure: % of individuals with a primary care provider.
 - Measure: % of individuals who achieve or maintain stable housing.
 - Measure: % of individuals who achieve or maintain employment, school, or meaningful day activity.
- ***Strategy: Implement and evaluate current best and/or evidence-based practices in service delivery.***
 - Establish a process to define, prioritize, and measure use of best and/or evidence-based practices.
 - Measure: % of CSB programs employing best and/or evidence-based practices.

- Measure: % of CSB programs utilizing fidelity measures for evidence-based programs.

Goal 2: The *WORKFORCE* is capable and dedicated to carry out the CSB mission.

- **Strategy: Promote a positive work culture and environment that supports the CSB mission, vision, and values.**
 - Establish a process to define and measure a “positive work culture and environment” to fully integrate the CSB mission, vision and values into staff orientation, onboarding, and ongoing agency activities.
 - Administer and act on an organizational culture survey.
- **Strategy: Promote and support administrative, clinical, and managerial professional development.**
 - Measure: % of courses for which participants’ overall satisfaction was rated 4 or above on a 5 point scale.
 - Measure: % of courses for which participants rated content as relevant and provided tools or ideas that would help them perform their job better.
 - Measure: % of courses for which participants reported increased knowledge with the training topics after taking classes.
 - Measure: % of courses for which participants indicated an increased/enhanced knowledge and ability to use training concepts.
 - Measure: % courses for which participants indicated that the offering developed their competencies, knowledge, skills, or abilities to achieve current and/or future goals.

Goal 3: The *CSB* is fiscally and operationally sound.

- **Strategy: Use of accurate, reliable and timely data to inform decision making and system improvement.**
 - Provide a complete and accurate State Performance Contract report, in compliance with all contract elements, to the Department of Behavioral Health and Developmental Services.
 - Develop an internal dashboard for service area directors and managers to use as a program management tool.
 - Develop an external dashboard to display and communicate key data elements and outcomes.
- **Strategy: Allocate and manage resources to maximize service capacity, improve service quality and achieve CSB’s mission.**
 - Align human resources and financial management systems and processes to support the current service delivery system.
 - Develop a zero-based budget based on an analysis of the required resources (positions and expenditures) and non-county and county funding required for each service area, including a review of services provided, population served, and outcomes and an analysis of return on investment.
 - Create easy-to-use financial management tools for service area directors and program managers to improve financial and program management.
 - Update portfolio of financial management policies and procedures to support efficient and effective operations and sound internal controls.

- **Strategy: Cultivate partnerships and supports which build community capacity to provide a continuum of services.**
 - Establish an annual process to identify key partnership areas for development and evaluate outcomes of partnerships developed.
 - Create or expand partnerships that support CSB strategic goals.
- **Strategy: Ensure Regulatory and Corporate Compliance.**
 - Incorporate internal controls into an agency-wide system of regulatory and corporate compliance.
 - Measure: % compliance with internal and external audits (programmatic and finance).
- **Strategy: Integrate performance measurement into quality improvement systems.**
 - Establish an annual quality improvement plan for service and business areas within the CSB which includes participation from individuals and families.
 - Measure: % of programs with at least one outcome/“better off” performance measure and performance target.
 - Measure: % of programs achieving established performance targets.
- **Strategy: Ensure open, timely, and consistent communication.**
 - Develop and enhance strategies to communicate internally and externally, using a variety of media.
 - Use data points from a variety of communication tools to assess effectiveness of communication practices.
 - Measure: % of staff acknowledging satisfaction with the CSB communications content and systems.
- **Strategy: Leverage technology to support the service delivery system.**
 - Refine electronic health record (EHR) implementation and complete business process review to ensure a standardized approach for use of the EHR.
 - Use EHR to establish and retrieve data to support agency strategic goals and activities.

How We Use the Strategic Plan – The Evaluation Process ⁷

Primary responsibility to facilitate CSB strategic planning activities lies with the Office of Strategy and Performance Management (SPM). This office works closely with members of the CSB Senior Leadership Team to identify strategic planning needs, develop goals/targets, monitor implementation, evaluate results, and recommend performance improvement.

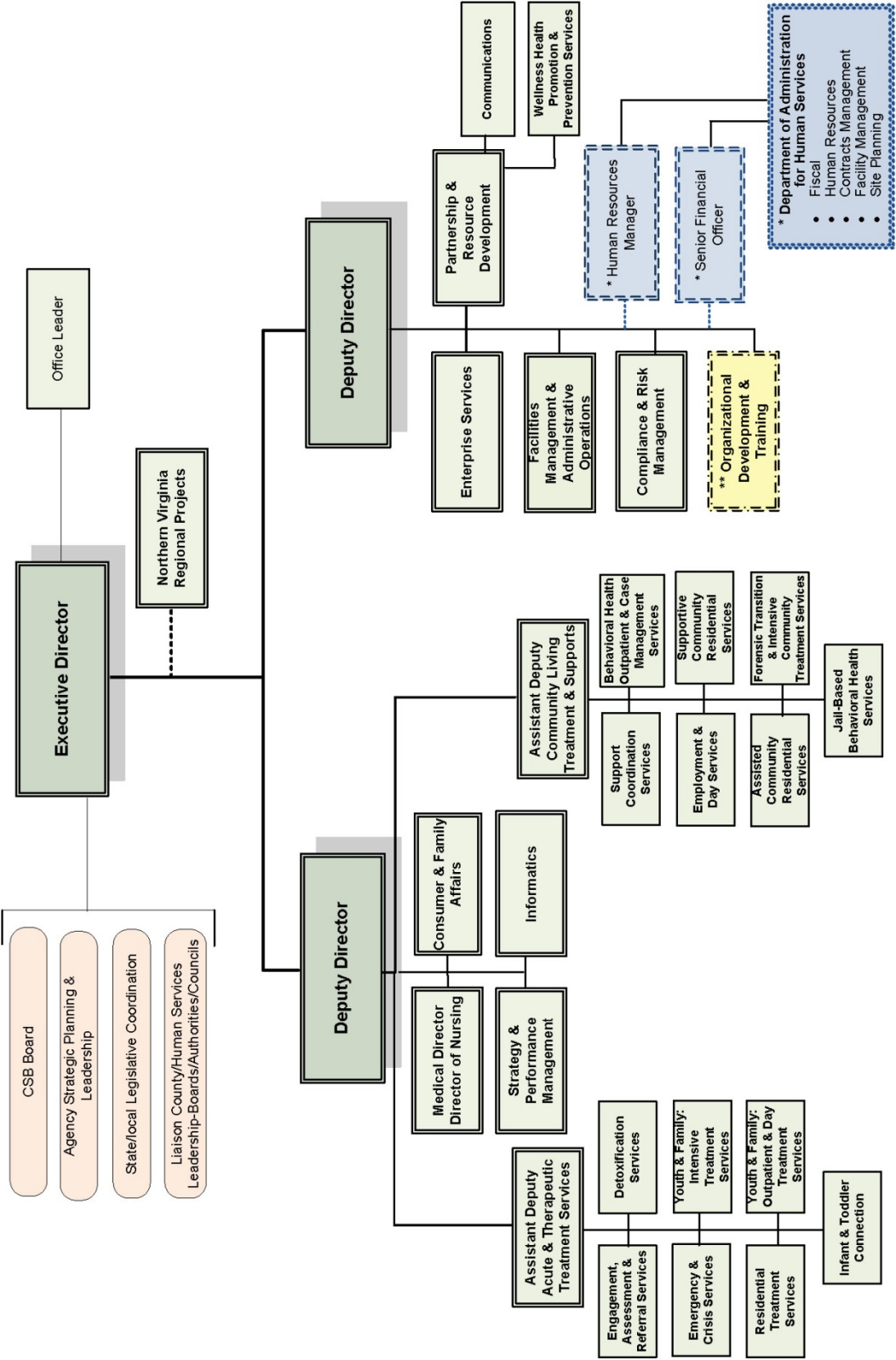
The CSB strategic plan is evaluated on an ongoing basis, as progress toward established goals and strategies are assessed. A comprehensive evaluation of goals, strategies, and performance measures will be completed at the end of each fiscal year with results provided in an annual report. A strategic planning implementation team, facilitated by CSB Office of Strategy and Performance Management, and comprised of a broad representation of CSB staff and stakeholders, is convened to evaluate and recommend revisions to the strategic plan. Recommendations for revisions are brought to the CSB stakeholders for feedback.

⁷ Strategic Plan Appendix F - Strategic Plan Development

Appendices

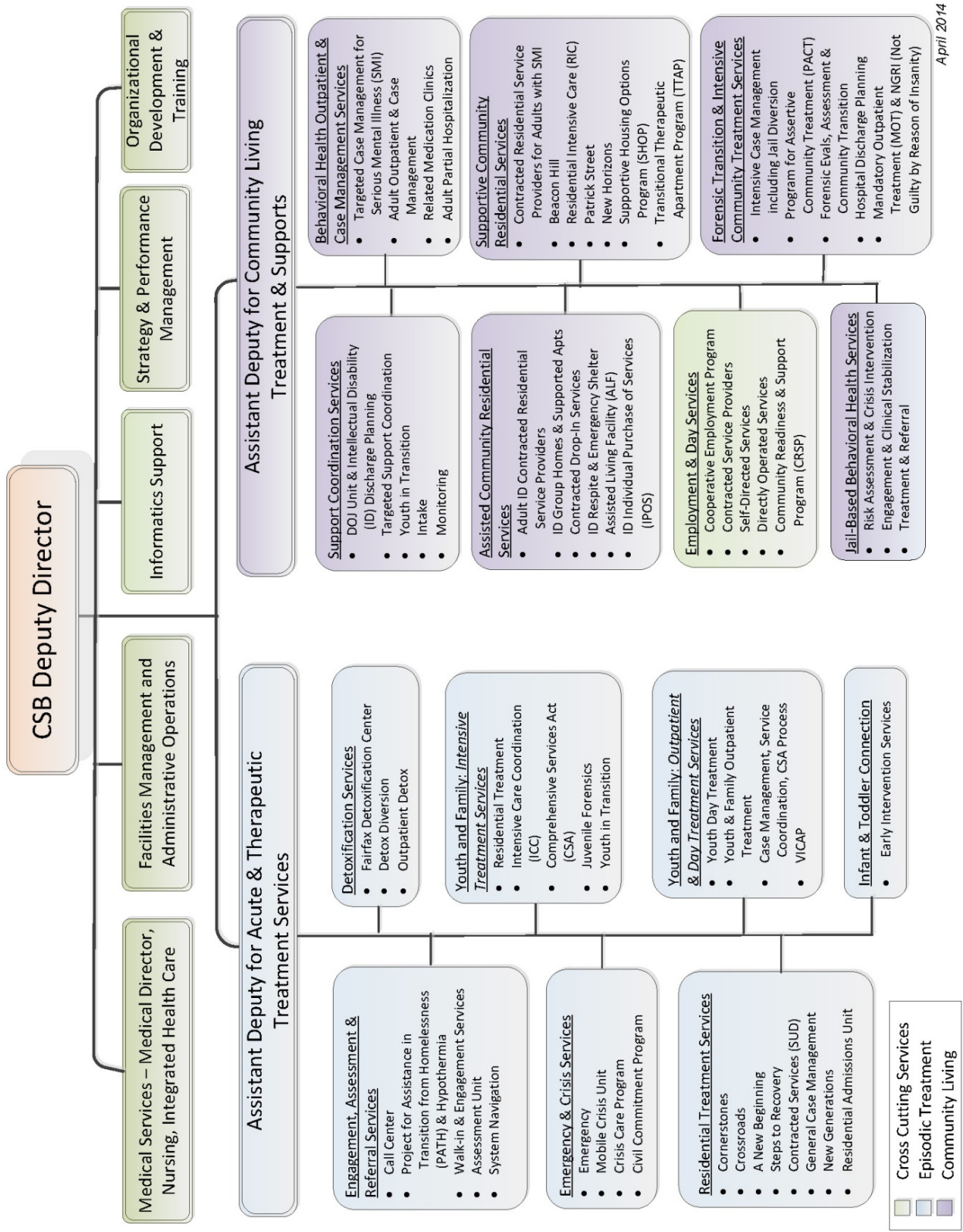
Appendix A – CSB Executive Organization Chart

Fairfax-Falls Church Community Services Board
Executive Organization Chart



NOTE: * Indicates Department of Administration Human Services staff/Divisions working directly with CSB
** Indicates staff deployed from Department of Human Resources

Sep 15, 2014



April 2014

Appendix B – Priority Access Guidelines (October 22, 2014 edition)

Guidelines for Assigning Priority Access to CSB Services

Defining who should have priority access to services of the Fairfax-Falls Church Community Services Board (CSB) is a necessary and critically important process to ensure compliance with state and federal codes and regulations. These priorities guide state contract reporting for the CSB's allocation of state block grant funding. This process also applies to decisions about how best to use local funding dollars. Guidelines for assigning priority access need to take into consideration and include those individuals whose needs cannot be addressed except through a public system such as the CSB, which provides and coordinates multiple levels and types of services to help individuals gain a level of independence and self-determination. Effective and efficient use of resources is an inherent requirement of all CSB services so that the maximum number of people are served within the limits of federal, state and local funds available.

(1) Exclusionary Criteria

- a. **Constituency** – Restrict access to residents of Fairfax County and the Cities of Fairfax and Falls Church.
- b. **Requests outside of the CSB's Mission** – No service will be provided that is not designed, mandated or funded to be provided by a CSB.

(2) Inclusionary Criteria (in priority order)

- a. **Enrolled in Service** – Currently enrolled individuals who maintain the need for current services (or the equivalents) being provided.
- b. **Need** – All people who meet the priority population criteria with serious and imminent needs that cannot be met elsewhere.
- c. **Alternative Resources** – Individuals with needs for services who do not have alternative resources such as service access, insurance, or family supports.
- d. **Effectiveness** – Once all those who meet the above criteria have been served, anyone who shows the greatest likelihood of receiving benefit from services can be served.
- e. **Comparative Need** – If resources are still available, anyone who still has additional needs for service can have those service needs addressed.
- f. **Selection Based on Length of Wait** – First-come, first-served basis.

NOTE: These criteria do not apply to initial phone screening; acute care services; or wellness, health promotion, and prevention services, all of which are available to all residents of Fairfax County and the Cities of Fairfax and Falls Church.

CSB Priority Populations

Priority Populations

The Fairfax-Falls Church Community Services Board (CSB) has identified the following priority service populations based upon definitions from the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the Federal Substance Abuse Prevention and Treatment Block Grant (SAPT), and Part C of Individuals with Disabilities Education Act (IDEA). Individuals must meet the priority service population criteria below to have consistent access to non-emergency/non-acute CSB services.

Note: The following services – initial phone screening; wellness, health promotion and prevention services; and acute care and emergency CSB services – remain available to **all** residents of Fairfax County and the cities of Fairfax and Falls Church.

Individuals may meet the criteria for more than one priority population and receive services accordingly. Individuals who are only in one priority population receive the CSB services which address the needs of the population area they are in. For example, an individual meeting the substance use priority population criteria *only* cannot also receive a priority to access services designed for the Intellectual Disability population, unless that individual also meets the criteria for the Intellectual Disability population. People meeting priority population requirements will have access to cross-cutting organizational services such as medical services or housing assistance supports as available to meet service plan goals. People with co-occurring disorders, meeting the priority population criteria, will have access to services as available to address co-occurring needs.

Individuals and families who have private health insurance coverage and are able to access non-emergency/non-acute services privately will be asked to seek those services when they are available in the community. In these instances, the CSB Entry and Referral Services staff will assist in identifying resources, linking with potential non-CSB sources of services, and following up with referrals. If similar resources are not available in the community, individuals with private insurance will be screened for priority using the same criteria as is used for those without insurance.

A. Mental Illness Population

(1) **Adults with Serious Mental Illnesses** (SMI) assessed along the three dimensions of diagnosis, functional impairment, and duration.

- **Diagnosis** through the current Diagnostic and Statistical Manual (DSM) of serious mental illness including those along the schizophrenia spectrum, predominantly thought and psychotic disorders, persistent major affective disorders, AND
- **Impairments** due to a serious mental illness that seriously impact, on a recurrent or continuous basis, how the individual functions in the community, to include the following:
 - Inability to consistently perform practical daily living tasks required for basic adult functioning in the community (such as keeping a living space clean, shopping for food, hygiene);

- Persistent or recurrent failure to perform daily living tasks except with significant support or assistance by family, friends or relatives;
 - Inability to maintain employment at a living wage or to consistently carry out household management roles; or
 - Inability to maintain a safe living situation.
 - The **duration** of the serious mental illness has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant psychiatric hospitalizations.
- (2) **Children and Adolescents** birth through age 17 with **Serious Emotional Disability (SED)** resulting in a serious mental health problem that can be diagnosed through the DSM, which is used as the professional guidelines for diagnosis by psychiatry and other professionals, plus have at least one of the following:
- Problems in personality development and social functioning which have been exhibited over at least one year.
 - Problems that are significantly disabling based upon the social functioning of most children their age.
 - Problems that have become more disabling over time and service needs that require significant intervention by more than one agency.
- Children with a co-occurring substance use disorder or intellectual disability diagnosis also meet the criteria for SED.
- (3) **Children**, birth through age 7, who are determined to be **at risk** of developing Serious Emotional Disability by means of one of the following:
- Child exhibits behavior that is significantly different from or significantly behind most children their age, and which does not result from developmental or intellectual disability.
 - Physical or psychological stressors exist that put the child at risk for serious emotional or behavioral problems.

B. Substance Use Disorder Population

- (1) Adults with a **Substance Dependence Disorder** assessed along the three dimensions of diagnosis, functional impairment, and duration.
- **Diagnosis:** through the current Diagnostic and Statistical Manual (DSM) of Substance Dependence (not including sole diagnosis of nicotine dependence)
 - **Functional Impairment (any of the following):**
 - Continuation or intensification of substance-related symptoms despite previous substance abuse treatment.
 - Inability to be consistently employed at a living wage or consistently carry out household management roles.
 - Inability to fulfill major role obligations at work, school or home.

- Involvement with legal system as a result of substance use.
 - Involvement with the foster care system or child protective services as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Inability to maintain stable housing (i.e. on their own or by contributing toward housing costs in shared housing).
 - Continued substance use despite significant consequences in key life areas (i.e., personal, employment, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance use.
 - **The duration** of the Substance Dependence has been or is anticipated to be of a long duration (at least six months) and is considered chronic. It usually has resulted or, if left untreated, is likely to result in repeated or significant impairments in multiple life areas.
- (2) Children and adolescents (under 18 years old) with a DSM diagnosis of substance abuse or dependence, who have used substances in the prior 12 months (or who have been in detention or in a therapeutic residential environment and have used substances within the 12 months prior to entry); who present with cognitive, behavioral or physiological symptoms; and present with impairments as a result of substance use in one or more of the following areas:
- Continuation or intensification of substance-related symptoms despite previous substance abuse treatment interventions.
 - Inability to fulfill major role obligations at work, school or home.
 - Involvement with legal system as a result of substance use.
 - Multiple relapses after periods of abstinence or lack of periods of abstinence.
 - Inability to maintain family/social relationships due to substance use.
 - Continued substance use despite significant consequences in key life areas (i.e., personal, school, legal, family, etc.).
 - Hospital, psychiatric or other medical intervention as a result of substance abuse or dependence.
- (3) Special Priority Populations
- Pregnant women who are intravenous (IV) drug users
 - Pregnant women
 - Intravenous drug users
 - Individuals requesting treatment for opioid drug abuse, including prescription pain medications, regardless of the route of administration.

C. Intellectual Disability and Developmental Disability Populations

- (1) Infants and Toddlers: Children from birth to age three with a confirmed eligibility for Part C of the federal Individuals with Disabilities Education Act (IDEA) and their families are eligible for early intervention services through Infant and Toddler Connection (ITC).

(2) Children and Adults: Children no younger than two years old and adults with a diagnosis of Intellectual Disability (ID) with onset prior to the age of 18 who have significant deficits in at least two areas of adaptive living skills (i.e. communication, self-care, home living, social /interpersonal skills, use of community resources, self-direction, functional academic skills, work leisure health and safety).

(3) Diagnosis of **Intellectual Disability (ID)** must be documented by:

- For children ages 2-6 years of age, a developmental evaluation with a diagnosis of developmental delay or intellectual disability **or**
- For individuals age 6 and older, a psychological evaluation completed prior to the age of 18 providing a diagnosis of intellectual disability with a full scale IQ of about 70 or below OR other medical, educational, or professional documentation showing that a disability had onset before age 18 coupled with a statement from the family that no formal IQ score had been done or is currently available and a current IQ test showing an Intellectual Disability.

Appendix C – CSB Service Descriptions

Engagement, Assessment & Referral Services

Engagement, Assessment & Referral Services includes the CSB Entry and Referral Call Center that responds to inquiries from people seeking information and services; the Assessment Unit that provides comprehensive screening, assessment, referral and stabilization services for adults; and Outreach Services for people who are homeless or unsheltered and may need CSB services. The goal of all these services is to engage people who need services and/or support, triage people for safety, and help people get appropriate treatment and support to meet their needs. Not everyone with a concern related to mental illness, substance use or intellectual disability is eligible for CSB services, which are primarily for people who are disabled by conditions of mental illness, substance use disorders and/or intellectual disability. However, anyone may call for information and referral to other potential resources in the community. Call center staff can take calls in English and Spanish, and language translation services for other languages are available telephonically when needed.

Emergency and Crisis Care Services

Emergency and Crisis Care Services includes two walk-in psychiatric emergency services sites (located in central and southern parts of the County), one Mobile Crisis Unit (MCU) that responds to crises throughout the community, and short-term (7 to 10 days) residential detoxification at the Fairfax Detoxification Center and crisis stabilization services at Woodburn Place Crisis Care.

Anyone in the community who is experiencing a psychiatric crisis can access CSB Emergency Services, which offers recovery-oriented crisis intervention, crisis stabilization, risk assessments, and evaluations for emergency custody orders and admission (voluntary and involuntary) to public and private psychiatric hospitals and three regional crisis stabilization units. The central County site is open 24/7, and can provide psychiatric and medication evaluations as well as prescribe and dispense medications. The MCU includes rapid deployment teams that can respond 24/7 to hostage/barricade incidents with the County's Special Weapons and Tactics (SWAT) team and police negotiators; a critical incident stress management team that provides assistance during and after traumatic events; and a disaster response team.

Woodburn Place Crisis Care offers individuals experiencing acute psychiatric crisis an alternative to hospitalization. It is an intensive, short-term, community-based residential program for adults with severe and persistent mental illness, including individuals who have co-occurring substance use disorders. Services include comprehensive risk assessment; crisis intervention and crisis stabilization; physical, psychiatric and medication evaluations; substance abuse counseling; psychosocial education; and assistance with daily living skills.

Detoxification Services

The Fairfax Detoxification Center provides a safe, temporary, protective environment for individuals experiencing crisis requiring detoxification from use of alcohol, drugs and/or other substances. Individuals receive assessment, care, supervision and medical monitoring necessary to stabilize both physically and emotionally.

Youth & Family Intensive Treatment Services

Youth & Family Intensive Treatment Services supports and guides parents, and treats children and youth who are developmentally compromised (may have challenges in development that impact daily functioning), who have or are at risk of developing Serious Emotional Disability, and/or who are involved with more than one youth-serving agency. This service area includes Wraparound Fairfax, Resource Team services, two residential programs (Crossroads Youth and Sojourn House), and services for youth involved with the Juvenile and Domestic Relations District Court (JDRDC).

Wraparound Fairfax provides an intensive level of support for youth who are at high risk for residential or out-of-home placement, or who are currently served away from home and transitioning back to their home community. Services are provided for up to 15 months and are designed to enable youth to remain safely in the community with their families. County case managers make the referrals, and approval for services is determined by Comprehensive Services Act (CSA) utilization review staff. Resource Team services include state-mandated discharge planning; behavioral health consultations to CSA related requests; CSA lead case management; case management for youth using State Mental Health Initiative Funding; monitoring of youth under Mandatory Outpatient Treatment commitment; and tracking of regional state hospital funding.

Two residential programs serve adolescent youth. Crossroads Youth is a 10-bed residential program serving adolescent males who have co-occurring mental health and substance use disorders, anti-social behaviors and primary substance abuse. Sojourn House is an eight-bed group home that serves adolescent females who have mental health and/or co-occurring disorders as well as histories of abuse, trauma and mood instability.

Services for youth involved with the JDRDC are provided via court order by a Juvenile Court judge or requested by a Fairfax County probation officer. These services include a variety of evaluations such as alcohol and drug use assessments, psychological evaluations, and Competency to Stand Trial evaluations. Mental health and substance abuse treatment interventions (individual, group and family therapies) are provided to youth and their families in the Juvenile Detention Center, Shelter Care II, Boys Probation House, Foundations, Transitional Living Program, the Post Dispositional Program, and in a community diversion program. In addition, case management services are available, as well as psychiatric medication monitoring.

Youth & Family Outpatient & Day Treatment Services

Youth & Family Outpatient & Day Treatment Services provides assessment, education, therapy and case management services for children and adolescents ages 2 through 18 who have substance use and/or mental health disorders. Case Management services are provided in all services to include medication management, work with the Comprehensive Services Act, and other service coordination.

Infancy, Early Childhood and Pre-Adolescent (IECP) mental health services serve at-risk infants, toddlers, preschoolers and pre-adolescents (children from birth to 12 years of age) and their parents. Services support and guide parents and treat children who are developmentally compromised, seriously emotionally disturbed or at risk of serious emotional disturbance and are involved with multiple youth serving agencies.

Day Treatment Services for youth are provided at two separate programs, one located in Falls Church and the other in Reston. Horizons Adolescent Day Treatment Program in Falls Church serves youth who have primary substance use disorders and secondary mental health disorders. FCPS provides an

alternative school at the site, and youth stay from three to six months. The Teen Alternative Program (TAP) in Reston serves youth who have primary mental health disorders and co-occurring disorders. An alternative school is also provided by FCPS at TAP. In both the Horizons and TAP programs, youth attend school in the morning, and treatment occurs in the afternoon and evening.

Infant and Toddler Connection

The Infant and Toddler Connection (ITC) of Fairfax-Falls Church is part of a statewide program that provides federally mandated early intervention services to infants and toddlers as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). The CSB serves as the fiscal agent and local lead agency for the program, with advice and assistance from a local interagency coordinating council. ITC provides family-centered intervention to children from birth to age three, who need strategies to assist them in acquiring basic developmental skills such as sitting, crawling, walking and/or talking. Families receive a screening to determine eligibility, service coordination, and development of an Individual Family Service Plan at no cost to them. Through public and private partnerships, ITC provides services including physical, occupational and speech therapy; developmental services; medical, health and nursing services; hearing and vision services; assistive technology (e.g., hearing aids, adapted toys and mobility aids); family training and counseling; service coordination; and transportation.

ITC staff collaborates with the Fairfax County Health Department, Inova Fairfax Hospital, and Fairfax County Public Schools (FCPS) to ensure that infants and toddlers get appropriate services as soon as delays are detected. Given the rising prevalence of autism in Fairfax County, ITC maintains ongoing relationships with the Virginia Autism Research Center and FCPS to address the early identification of children who might need specialized preschool services for this particular disability. ITC contracts with translation services providers to meet the needs of families in the linguistically diverse community. These interpreters are fluent in 10 languages, including Spanish, Urdu, Mandarin Chinese, Korean, Amharic, and others.

Residential Treatment Services

Residential Treatment Services (Crossroads Adult, New Generations, A New Beginning, A New Direction, Residential Support Services, and Cornerstones) provides comprehensive services to adults who have substance use disorders and/or co-occurring substance use disorders and mental illness. Individuals served have been unable to maintain stability on an outpatient basis, even with extensive supports, and require a stay in residential treatment to stabilize symptoms, regain functioning and develop recovery skills. At admission, individuals have significant impairments affecting various life domains, which may include criminal justice involvement, homelessness, unemployment, impaired family and social relationships, and health issues. Most individuals are referred by the criminal justice system, are ineligible for insurance or Medicaid, and have few resources. Without this safety net program, most would have no recourse for treatment. People seeking this level of service often need job training, health care access, and help in developing basic life skills for finding and keeping a job, community support and socialization, communication, learning appropriate community (non-criminal) behavior, and regulating emotions.

Services are provided in residential treatment settings that are matched to the level and duration of care needed, and include intermediate and long-term treatment with 24-hour staffing and supervised treatment services with staffing 12-18 hours per day. Services include individual, group and family therapy; psychiatric services; medication management; and case management. In addition, continuing

care services are provided to assist with the transition back to the community. Specialized treatment services are provided for clients with co-occurring disorders (substance use and mental illness), for pregnant and post-partum women, and for people whose primary language is Spanish. Continuing care services offer ongoing structure and support to assist individuals in their continuing recovery from substance use and co-occurring disorders.

Support Coordination Services

Support Coordination Services helps individuals who have intellectual disability, and their families, to access essential services and supports so that the individual's basic needs are met and they can live successfully in a community setting. These include medical, educational, employment, housing, financial, transportation, recreational, legal, life skill, and advocacy services. Service values and approaches include person-centered planning and the principles of community inclusion and participation. Service coordinators help individuals and families identify needed services and resources through an initial and ongoing assessment and planning process, and coordinate with other involved service providers. They also assess progress on an ongoing basis to make sure that services are delivered and are in accordance with regulatory standards for best practice and quality.

Behavioral Health Outpatient & Case Management Services

Behavioral Health Outpatient & Case Management Services addresses clinical and case management needs of persons who have mental illness, substance use disorders, and/or co-occurring disorders. This service area includes outpatient programming, case management, day treatment, adult partial hospitalization, and continuing care services.

Outpatient Services provide structured programming, including psychosocial education and counseling (individual, group, and family) for adults whose primary needs involve substance use, but who may also experience mild to moderate mental illness. Services help individuals achieve behavioral changes that promote recovery; encourage the use of problem-solving skills and coping strategies; and help individuals develop a positive support network. Intensive outpatient services focus on similar areas but involve more frequent meetings.

Case Management provides strength-based, person-centered services for adults who have serious and persistent mental or emotional disorders. Individuals who are seriously mentally ill and who have also been diagnosed as having a substance abuse disorder or intellectual disability are also eligible for case management services. Services focus on interventions that support recovery and independence and include supportive counseling to improve quality of life; crisis prevention and management; medication management; psychiatric services; and group supports. The goal of case management services is to work in partnership with individuals to stabilize behavioral health crises and symptoms; facilitate optimal community integration; help them learn to manage symptom reoccurrence and build resilience; and promote self-management, self-advocacy, and wellness.

Day Treatment serves adults whose primary needs involve substance use but who may also experience mild to moderate mental illness. In contrast to outpatient programming, day treatment services are for adults who would benefit from a greater level of structure and intensity. Services are provided five days a week and include group and individual counseling as well as case management services.

Adult Partial Hospitalization (APH) programs provide intensive recovery-oriented services to adults with mental illness or co-occurring disorders and complex needs. Services are provided within a day

programming framework and are designed to help prevent the need for hospitalization or to help people transition from recent hospitalization to less intensive services. APH focuses on helping individuals develop coping and life skills, and on supporting vocational, educational, or other goals that are part of the recovery process. Services provided include service coordination, medication management, psycho-educational groups, group and family therapy, supportive counseling, relapse prevention and community integration.

Continuing Care services are available for individuals who have successfully completed more intensive outpatient services but who would benefit from periodic participation in group therapy, monitoring and service coordination to connect effectively to community supports. Specialized services, including trauma work, cognitive behavior therapy and Dialectical Behavior Therapy, are available to individuals served by Behavioral Health Outpatient Services, as well as to individuals receiving care in other CSB service areas.

Employment & Day Services

Employment & Day Services provides assistance and vocational training to improve individual independence and self-sufficiency in order to enter and remain in the workforce. Employment and day services for individuals with serious mental illness and/or intellectual disability are provided primarily through contracts and partnerships with private, nonprofit and/or public agencies. This service area includes developmental services; sheltered, group and individualized supported employment; the Cooperative Employment Program (CEP); psychosocial rehabilitation; and the Community Readiness and Support Program.

Developmental Services provides self-maintenance training and nursing care for individuals with intellectual disability who are severely disabled and need various types of services in areas such as intensive medical care, behavioral interventions, socialization, communication, fine and gross motor skills, daily and community living skills, and possibly limited remunerative employment. Sheltered Employment provides remunerative employment in a supervised setting with support services for habilitative development. Group Supported Employment provides intensive job placement assistance for off-site supervised contract work and competitive employment in the community, as well as job retention services. Individualized Supported Employment provides remunerative employment with necessary support services; this service is primarily for persons with less severe disabilities and stresses how to integrate socially in the work setting with non-disabled workers. CEP is jointly funded and operated by the Virginia Department of Aging and Rehabilitative Services and the CSB, and provides supported competitive employment services to eligible individuals who have developmental disabilities. Using an individualized approach, program staff assesses skills, analyzes job requirements, and provides on the job training for individuals and disability awareness training for employers.

Psychosocial Rehabilitation provides an adjustment period and skills development for persons with serious mental illness and co-occurring disorders transitioning to employment and socialization in a work setting. Services may include training in areas of self-esteem, self-confidence, and self-awareness. The Community Readiness and Support Program is a recovery-oriented psychosocial day program for individuals with serious mental illness and co-occurring disorders who have limited social skills, difficulty establishing and maintaining relationships, and who need help with activities of daily living. Services include psycho-educational groups, social skills training, services for individuals with co-occurring

disorders, relapse prevention, training in problem solving and independent living skills, medical education, pre-vocational services, and community integration.

Supportive Community Residential Services

Supportive Community Residential Services programming is provided through various housing partnerships and is primarily for people with serious mental illness or co-occurring mental illness and substance use disorders.

Residential Intensive Care (RIC) is a community-based, intensive residential program that provides daily (or 5 days/week) onsite monitoring of medication and psychiatric stability. Counseling, supportive and treatment services are provided daily in a therapeutic setting. The Transitional Therapeutic Apartment Program (TTAP) provides residential treatment in a stable, supportive, therapeutic setting. Individuals learn and practice life skills needed for successful community living with the goal of eventually transitioning into the most manageable independent living environment. The Supportive Shared

Housing Program (SSHP) provides residential support and case management in a community setting. Fairfax County's Department of Housing and Community Development (HCD) and the CSB operate these designated long-term permanent subsidized beds, and units are leased either by individuals or the CSB.

The CSB's moderate income rental program and HCD's Fairfax County Rental Program provide long-term permanent residential support and case management in a community setting, and individuals must sign a program agreement with the CSB to participate in the programs. Pathway Homes and the CSB jointly operate the Supported Housing Option Program (SHOP), which provides long-term or permanent housing with support services, and focuses on individuals with the greatest needs who are willing to accept needed services. Pathway Homes and the CSB also jointly operate the Shelter Plus Care program, providing long-term or permanent housing with support services to individuals with serious mental illness and co-occurring disorders, including those who are homeless and need housing with supports.

Assisted Community Residential Services

Assisted Community Residential Services provides an array of residential supports for individuals with intellectual disability and individuals with mental illness. Supports are not time-limited, are designed around individual needs and preferences, and emphasize full inclusion in community life. Most residential services are provided through CSB partnerships with approved private providers, with the CSB providing contract management oversight.

This service area includes the following programs: a directly operated Assisted Living Facility (ALF) with 24/7 care for individuals who have serious mental illness and medical needs; directly operated and contracted group homes (small group living arrangements for individuals with intellectual disability, usually four to six residents per home) and Intermediate Care Facilities (ICFs) that provide 24/7 supports; supervised apartments that provide community-based group living arrangements with less than 24-hour care; daily or drop-in supports to maintain individuals in their own homes or in shared living arrangements; short-term, in-home respite services; longer term respite services provided by a licensed 24-hour home; and emergency shelter services.

Other residential supports include programs in which individuals live in their own homes or in shared living arrangements (e.g., apartments and town homes) and receive support services ranging from daily to drop-in, based on individual needs and preferences. Individualized Purchase of Service (IPOS) is provided for a small number of individuals who receive other specialized long-term community residential services via contracts.

Forensic Transition & Intensive Community Treatment Services

Forensic Transition & Intensive Community Treatment Services includes an array of services for adults who have serious mental illness and/or serious substance use disorders and who are involved with the criminal justice system, homeless or unsheltered, or are being discharged from state psychiatric hospitals.

Services for adults who are incarcerated at the Adult Detention Center include assessment, stabilization and referral; facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; and court assessments, substance abuse education and limited treatment for adults with substance use disorders. More than half of the individuals seen by CSB staff working in the Adult Detention Center are current or former CSB service recipients. Their involvement in the criminal justice system is usually a direct result of mental illness, substance use disorders or co-occurring disorders. Incarceration or other involvement with the criminal justice system can present a unique opportunity for CSB staff to intervene and forge a therapeutic alliance.

Intensive Community Treatment Services includes jail diversion, discharge planning services for individuals in state psychiatric hospitals, Program of Assertive Community Treatment (PACT), as well as intensive, community-based case management and outreach provided by multidisciplinary teams to individuals with acute and complex needs. The Jail Diversion Program provides an intensive level of care to enhance existing resources available to persons with serious mental illness and/or severe substance use disorder and co-occurring disorders who are involved with, or being diverted from, the criminal justice system. Discharge Planning Services are provided to individuals in state psychiatric hospitals to support linkages to community-based services, enhancing successful community-based recovery. The Program of Assertive Community Treatment (PACT) is a multi-disciplinary team and provides enhanced support services for individuals with mental illness, substance use and co-occurring disorders.

Intensive Case Management Teams provide intensive, community-based case management and outreach services to persons who have serious mental illness and or/serious substance use disorders. Teams work with individuals who have acute and complex needs and provide appropriate levels of support and services in the individuals' natural environment. Services include case management, mental health supports, crisis intervention and medication management.

Jail-Based Behavioral Health Services

Services for adults who are incarcerated at the Adult Detention Center include assessment, stabilization and referral; facilitation of emergency psychiatric hospitalization for individuals who are a danger to themselves or others; and court assessments, substance abuse education and limited treatment for adults with substance use disorders. More than half of the individuals seen by CSB staff working in the Adult Detention Center are current or former CSB service recipients. Their involvement in the criminal justice system is usually a direct result of mental illness, substance use disorders or co-occurring

disorders. Incarceration or other involvement with the criminal justice system can present a unique opportunity for CSB staff to intervene and forge a therapeutic alliance.

Appendix D – Fairfax County Vision Elements

The CSB's goals, where applicable, are aligned with the Fairfax County Vision Elements.

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County by:



Maintaining Safe and Caring Communities

The needs of a diverse and growing community are met through innovative public and private services, community partnerships and volunteer opportunities. As a result, residents feel safe and secure, capable of accessing the range of services and opportunities they need, and are willing and able to give back to their community.



Building Livable Spaces

Together, we encourage distinctive "built environments" that create a sense of place, reflect the character, history and natural environment of the community, and take a variety of forms -- from identifiable neighborhoods, to main streets, to town centers. As a result, people throughout the community feel they have unique and desirable places to live, work, shop, play and connect with others.



Connecting People and Places

Transportation, technology and information effectively and efficiently connect people and ideas. As a result, people feel a part of their community and have the ability to access places and resources in a timely, safe and convenient manner.



Maintaining Healthy Economies

Investments in the workforce, jobs, and community infrastructure and institutions support a diverse and thriving economy. As a result, individuals are able to meet their needs and have the opportunity to grow and develop their talent and income according to their potential.



Practicing Environmental Stewardship

Local government, industry and residents seek ways to use all resources wisely and to protect and enhance the County's natural environment and open space. As a result, residents feel good about their quality of life and embrace environmental stewardship as a personal and shared responsibility.



Creating a Culture of Engagement

Individuals enhance community life by participating in and supporting civic groups, discussion groups, public-private partnerships and other activities that seek to understand and address community needs and opportunities. As a result, residents feel that they can make a difference and work in partnership with others to understand and address pressing public issues.



Exercising Corporate Stewardship

Fairfax County government is accessible, responsible and accountable. As a result, actions are responsive, providing superior customer service and reflecting sound management of County resources and assets.

Appendix E – Current Issues, Trends, and Challenges

Current Issues and Trends

Many of the more than 20,000 people served by the CSB each year are among our community's most vulnerable residents. A strategic priority for the CSB is to improve overall health outcomes for the individuals we serve. To further this goal, the CSB partnered with a nonprofit health provider in FY2014 to open a Federally Qualified Health Center (FQHC) at the CSB's Gartlan Center. In FY 2015, the CSB will open a primary health care clinic, as well as a pharmacy, in the new Merrifield Center.

Another important trend is the increasing need for behavioral health services for children and youth in our community. To help meet these needs, the CSB is working with Fairfax County Public Schools on design recommendations for the development of protocols for intake, assessment, triage, referral, treatment and case management, as well as performance measures for services provided to identified youth who need mental health or substance use treatment and supportive services to prevent the need for higher intensity services. Recommendations will be implemented in FY 2015.

There is growing recognition in the field of behavioral health of the important and uniquely effective leadership role that can be taken by individuals who have experienced mental illness or substance use disorders and who are themselves in recovery. People with serious mental health issues and substance use disorders can and do recover and can help others achieve long-term recovery. In FY 2013, CSB trained 29 certified peer specialists who have subsequently taken paid and volunteer positions at the CSB and throughout the region.

A related issue and strategic priority for the CSB is to confront the stigma associated with mental illness and substance use disorders. Public outreach and education programs are key to this effort. For example, the CSB has implemented a nationally certified Mental Health First Aid program, geared for the general public, that introduces key risk factors and warning signs of mental health and substance use problems, builds understanding of their impact, and describes common treatment and local resources for help and information.

Continuing Challenges

More than 70 percent of the CSB's budget is supported by the County's General Fund; however, the department also relies on federal and state revenues as well as third party payments such as Medicare and Medicaid. Current economic projections indicate limited growth in overall County revenues, and there is uncertainty over the level of future federal and state revenues for CSB services. For example, all Medicaid-eligible services, including behavioral health, primary health care and ID/DD Medicaid waivers (for people with intellectual and/or developmental disabilities) will likely need to be restructured as a result of federal health care reform and a new Department of Medical Assistance Services (DMAS) contract for behavioral managed care.

The need for CSB services continues to increase on an annual basis in many areas. For example, service demand for the Infant and Toddler Connection (ITC) program, which is legally mandated to serve all eligible children, increased approximately 29 percent from FY 2010 to FY 2013, and growth between 5 to 6 percent is expected in FY 2014 and FY 2015. The state, not Fairfax County, is legally responsible for providing these services to eligible families, but state funding does not fully cover the cost of services. As another example, the number of special education graduates with intellectual disability needing

employment and day support services after graduation will also continue to place demands on the CSB. Approximately 100 new graduates leave the school system every year, with the largest number ever, 120, expected in June 2014. Services provided to these individuals are largely funded through local dollars.

The CSB prioritizes access to services for those who are most disabled by their mental illness, substance use disorder and/or intellectual disability and who have no access to an alternative service provider. However, even individuals who are eligible for priority access to services may have to wait. In FY 2014, the average wait time for individuals needing medical detoxification services has been two to three weeks. For residential treatment services for substance use disorders, the wait can be even longer, up to three months. In May 2014, there were 138 individuals waiting for these services.

Another significant challenge on the horizon is the need for employment and day services, as well as support coordination services, for individuals with intellectual disabilities who are transitioning out of the state training centers, including the Northern Virginia Training Center in Fairfax as a result of the 2012 settlement agreement between the United States Department of Justice (DOJ) and the Commonwealth of Virginia regarding the rights of Virginians to receive community based services. The implementation of this settlement agreement is increasing the number of individuals seeking intellectual disability services, as well as the level of intensity of services needed. As of January 2014, there were 97 residents of Fairfax County and the cities of Fairfax and Falls Church in state training centers. The settlement requires discharge planning, oversight of transition to community services, ongoing monitoring and enhanced case management for individuals who are being discharged from the training centers. The settlement also requires enhanced case management services for current recipients of intellectual disability (ID) Medicaid waiver recipients, and individuals on the waiting list for ID waivers. This has resulted in a significant increase in workload for CSB support coordinators.

In response to anticipated limited growth in future local, federal and state funding for CSB programs, as well as projected increasing demand for services, the CSB has implemented several cost containment strategies to respond to this challenging environment. For example, the Employment and Day Services program is encouraging the increased use of self-directed services which cost less than the equivalent service in traditional contracts. The CSB is taking a continuous quality improvement approach to improve service planning and financial management and to contain costs. For example, the CSB's pharmaceutical cost management plan allows the CSB to provide prescription medications worth approximately \$17 million a year, with the county paying only 3 percent of that cost. The CSB will continue to implement strategies to improve cost containment, program efficiencies and effectiveness.

Reductions in federal funding due to budget sequestration in FY 2014 reduced available housing supports for people receiving CSB services. Affordable, safe housing coupled with individualized case management and supportive services are needed to increase the likelihood that people receiving CSB services have fewer episodes of crisis, maintain independence and work toward successful recovery. More work is needed to continue expanding public and private options and to address major barriers CSB individuals face, including poor credit, lack of transportation, criminal records and physical disabilities requiring building accessibility accommodations. The CSB is serving an increasing number of individuals who have complex service needs, who are advanced in age, and who have multiple medical problems, as well as individuals who speak languages other than English.

Appendix F – Strategic Planning Development

The FY 2015 to FY 2017 strategic plan was developed by a Strategic Plan Development Team with opportunities for input by CSB staff, members of the CSB Board, individuals receiving services and their families, and other community based partners. Consideration was given, but not limited to:

- CSB System Transformation Principles
- The FY 2013 CSB Strategic Plan Working Document
- Fairfax County Vision and Core Purposes
- Fairfax County Deputy Director for Human Services 2014/2015 Work Priorities
- Fairfax County Human Service System Results Based Accountability Principles/Guidelines
- Fairfax County Department of Management and Budget Direction
- Fairfax County and Commonwealth of Virginia Trends and Mandates
- Beeman Commission Recommendations
- Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Priorities
- Emerging trends and issues
- Best and evidence based practice approaches
- Systematic and programmatic desired outcomes
- Development and implementation of system improvements
- Outreach efforts to diverse communities of interest
- High quality service delivery to maximize customer satisfaction
- Work to assure timely access to all who need services
- A continuing integrated approach to service delivery
- Considerations of positions/issue analyses resulting from federal, state and local policy

CSB Strategic Plan Development Team

- Gary Ambrose, CSB Board Member
- Belinda Buescher, CSB Communications
- Peggy Cook, CSB Residential Treatment Services
- Rick Dumas, CSB Informatics
- Joel Friedman, CSB Strategy and Performance Management
- Jean Hartman, CSB Assistant Deputy, Community Living
- Kathaleen Karnes, Neighborhood and Community Services Systems Planner
- Suzette Kern, CSB Board Member
- Lara Lafin, CSB Support Coordination
- Lara Larson, CSB Communications

- David Mangano, CSB Consumer and Family Affairs
- Kelly Matthews, CSB Infant and Toddler Connection
- Louella Meachem, CSB Nursing Services
- Davene Nelson, CSB Intensive Community Treatment Services
- Jerome Newsome, CSB Informatics
- Allan Phillips, CSB Infant and Toddler Connection
- Lisa Potter, CSB Strategy and Performance Management
- Joan Rodgers, CSB Organizational Development and Training
- Lyn Tomlinson, CSB Engagement, Assessment, and Referral Services
- Daryl Washington, CSB Deputy Director
- Lisa Witt, Chief Financial Officer
- Laura Yager, CSB Partnership and Resource Development